

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

RECEIVED

JUN 06 2008

MICHAEL W. DOBBINS
CLERK, U. S. DISTRICT COURT

Jerry Lewis Gully

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: 08 050098
(To be supplied by the Clerk of this Court)

Aramark foods

Kapala

Winn County Justice Center

Winn County Health Dept.

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I Plaintiff(s): N/A
A. name: Terry Lewis Guley
B. List all aliases: NONE
C. Prisoner identification number: MID[#] 58630
D. Place of present confinement: W.C.J.C.
E. address: 650 west state st, Rockford, IL.
61101

II Defendant(s):

A. Defendant: Aramark Foods Co.
Title: Catering service
Place of employment: W.C.J.C.
B. Defendant: Winn. County Justice Cntr.
Title: Supt. Andrea Tack
Place of employment: Winn. County Justice Cntr.
C. Defendant: Winn. County Health Dept.
Title: Inspector
Place of employment: Millennium Center
220 S. madison st.
Rockford, IL.
61107

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- Docket # NOT KNOWN
- A. Name of case and docket number: WORKMAN'S Compensation
- B. Approximate date of filing lawsuit: 1999
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: JERRY L. GUILLEY
- D. List all defendants: GUNITE CORPORATION
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): ZEKE GEORGI Bldg. in Rockford, ILL.
WINNEBAGO COUNTY ~~NOT KNOWN IF IN FEDERAL OR STATE~~
- F. Name of judge to whom case was assigned: NOT KNOWN
- G. Basic claim made: SPURS OF COLLAR BONE &
TORN ROTOR CUFF
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): WON
- I. Approximate date of disposition: ~~2001~~ 2002

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: MALPRACTICE (docket # u/k)
- B. Approximate date of filing lawsuit: ? / 2003
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Jerry Lewis Gulley
- D. List all defendants: Swedish American Hospital
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Winnebago County Courthouse
- F. Name of judge to whom case was assigned: N/K
- G. Basic claim made: Overly Medicated resulting in a Code Blue being called on me.
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): CASE Dismissed - Missed Appealing time limit
- I. Approximate date of disposition: ~~2003~~ 2004

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim

On or about Sept./2006 I had three (3) teeth removed by Dr. Cyrus Oats. Doctor Oats was well aware of my Heart disease which requires me to receive medication before, During and the removal of these teeth or dental (work). I was told Not to take Plavix a (Blood thinner) for at least Seven (7) days before any Removal of any teeth. In just two (2) day I became extremely ILL. So I went back to him (Dr. Oats) for a follow up. We talked about the medication and severe pain. I told him I felt like I had been drinking spoiled milk. I was sick to my stomach and I was in Severe pain. (on a scale of one (1) to Ten (10) It was a Ten (10). He did nothing Nor did he prescribe any thing for the pain and suffering. I explained to him that the bacteria from my mouth (Teeth) was draining down my throat into my stomach. mean while I was getting sicker and sicker with each passing da. The severe pain was in my chest, stoach Belly was 1. Three (3) was to much pain. I needed something to help my body

(4)

fight the bacteria and get rid of the infection. On or about Oct. 2006 I went back to see DR. Oats for yet another follow up. Once again he didn't give me anything for this infection or my pain. ON a Scale of ONE(1) to TEN (10) it was a TEN (10). It was one of the worst feeling I ever had.

IN NOV. 2006 I went to see DR Pocock, who also worked at the WINN. County Justice Center, med. Dept. I explain to him about the conversation DR. Oats and I had about the removing of the three (3) teeth. Also the fact that I was in pain since he extracted those teeth. And that my Stomach just felt wild and painful. He (DR. Pocock) diagnosis was that nothing wrong with my mouth OR Stomach. Dec. 2006 and Jan. 2007 the same thing happened with my appointments with DR. Oats diagnosis, "nothing WRONG." I explained to him that another clinic (Crusader) told me I need to be on medication, before, during and after

teeth extraction. On Feb 2007, I Requested To see DR. Pocock and explained to him again about the pain and the discomfort I've been suffering over the past five (5) months. He then informed me that he will meet with DR. Oats and the two (2) would discuss what would be the proper care for me. The Severe pain was in my Stomach.

Mar, 2007 I went to Dr. Oats again Complaining about the pain. I also Informed him that my problem had gotten worst. I got the same Results as I'd been Receiving from him "NOTHING". On or about march 2007 there was a Substitute Doctor was there. I explained to him that I was Supposed to Receive medication before, during and after any teeth being Removed. The reason for the medication was to protect my Heart. (I have a pace-maker, Triple by pass.) and I have Three (3) Stents in my Heart. I am on ^{Blood Pressure} Heart medication.

The Substitute Doctor was here for Two (2) weeks. I explained to him about my pain and discomfort. I told him how severe the pain gets. Also I told him the difficulty I had dealing with the pain with out the proper medication. He checked my medical Records and my body. He then prescribed me some medicine for the bacteria. THANK GOD! I begin to feel better. Some time in Aug. 31-2007 the Winnebago County Justice Center medical Dept. Sent the Nurse practitioner, Sandra to visit me in my Pod 3A. She Order a Blood test. She got the Results back and She prescribed some anti-biotic to help fight bacteria in my body. This bacteria Causes heart damage and Stomach Ulcers. Now I suffer from them both. Heart ~~Damage~~ Damage and stomach ulcers, every day.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like to be compensated financially
and physically for damages cause by
defendants negligent, pain and suffering
and help the New Estlish me to stay good.
Let Justice be served, never let this
happen again.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this _____ day of _____, 20____

(Signature of plaintiff or plaintiffs)

(Print name)

(I.D. Number)

(Address)

PRISONER CORRESPONDENCE FORM

Please fill out and return this form along with any other pleading you wish to submit to the court. It is your responsibility to keep the court advised of your current address in order for you to receive orders from the court. Failure to do so may result in dismissal of your case for want of prosecution. Once the Prisoner Correspondent records this information, this form will be destroyed.

PLEASE PRINT

1. Name: Jerry Lewis Gullett
(First) (Middle) (Last)

List Alias Names, if any: _____

2. Any Current/Prior
Prison ID Number(s): _____

Name of Prison(s): _____

3. Jail ID Number(s): MID 58630

Name of Jail(s): WINN. County Justice Center

4. Date of Birth: 12-1-56

5. Home Address (Do not use P.O. Box):

Street Name and Number: 650 West State St.

City, State and Zip Code: Rockford, IL. 61101

WINNEBAGO COUNTY JUSTICE CENTER

34

UIC MEDICAL DEPARTMENT

Name: Jessy Shuley Date: 8/30/07

Regarding: Medis

Comments:

I ran out of time today, will be
you trying. Hope you understand.

Scheduled for: _____

Signed Shandra

WILCO STORES
DIRECT COURT
2115 COURT STREE
ROCKFORD, IL 61101

